

USAF TECHNICAL ORDER DISTRIBUTION OFFICE (TODO) ASSIGNMENT OR CHANGE REQUEST <i>(See T.O. 00-5-2 FOR USE OF THIS FORM)</i>		TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED <input type="checkbox"/> CANCELLATION		TODO/TM ACCOUNT CODE DATE	
1. FROM			2. TO		
3. TECHNICAL ORDER MAILING ADDRESS					
4. TODO TYPE					
	a.	STANDARD (BASE/UNIT/ACTIVITY) TODO <i>(TO 00-5-2, Para 1-4)</i>		f.	GOVERNMENT CONTRACTOR ORGANIZATION <i>(Indicate Current Contract No. and Issuing Agency) (use reverse side if necessary)</i>
	b.	NUCLEAR WEAPONS (NW) TODO <i>(TO 00-5-2, Chapter 7)</i>			
	c.	EXPLOSIVE ORDNANCE DISPOSAL (EOD) TODO <i>(TO 00-5-2, Chapter 10)</i>		g.	CANCELLATION DATE <i>(Date on which code and all requirements are to be cancelled unless otherwise advised by revised AFTO Form 43).</i>
	d.	USAF ORGANIZATION <i>(Indicate MAJCOM)</i>		h.	REMARKS <i>(Use reverse side if necessary)</i>
	e.	US GOVERNMENT (NON-USAF) ORGANIZATION <i>(Indicate Department or Government Agency)</i>			
5. SECURITY LEVEL AUTHORIZED <i>(The organization listed above has adequate facilities, equipment, and properly cleared personnel to receive and safeguard classified Technical Orders up to and including)</i>					
6. TODO PERSONNEL <i>(The following personnel are authorized to sign and approve T.O. requirements as TODO IAW T.O. 00-5-2. Personnel listed below are conversant with the provisions of T.O. 00-5-2 and will assure compliance therewith.)</i>					
NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone and E-Mail address)</i>		NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone and E-Mail address)</i>		NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone and E-Mail address)</i>	
7. GOVERNMENT APPROVING AGENCY <i>(The following US Government Personnel are authorized to sign and approve requests for Nuclear Weapon and Explosive Ordnance Disposal (EOD) TOs, or approve contractor requests for TOs, as government approving agent IAW TO 00-5-2).</i>					
NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone)</i>		NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone)</i>		NAME, GRADE, TITLE AND SIGNATURE <i>(Include phone)</i>	
8. COMMAND/CONTRACTING OFFICER APPROVAL <i>(The above request to establish/revise/cancel an NW/EOD/Contractor TODO has been verified and approved by this office. Approval is considered in the best interests of the United States Government.)</i>					
APPROVING OFFICE <i>(Organization, Address, Phone, and DMS Address)</i>			NAME, GRADE, TITLE, SIGNATURE <i>(Major Staff Officer or authorized Contracting Officer)</i>		
9. FOR AFMC TODO CODE MANAGEMENT ACTIVITY USE ONLY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		REMARKS OR SPECIAL INSTRUCTIONS <i>(Continue on reverse)</i>			

CONTINUATION